FORM D

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UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

ØTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, **SECTION 4(6), AND/OR** IFORM LIMITED OFFERING EXEMPTION

OMB Number: Expires: April 30,2008 Estimated average burden

Pr

Name of Offering (check if this is an amendment and name has changed, and indicate change.)				
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) Type of Filing: New Filing Amendment	☑ ULOE			
A. BASIC IDENTIFICATION DATA				
1. Enter the information requested about the issuer				
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)				
Fundamental Research Appreciation Fund, L.P.				
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)			
3535 Peachtree Road, Ste 520-256, Atlanta, GA 30326-3287	(404) 365-2875			
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)			
Brief Description of Business				
Securities investment fund managed by general partner and designees.				
1				
Type of Business Organization Corporation Immited partnership, already formed other (p	11000055			
☐ corporation ☐ limited partnership, already formed ☐ other (p ☐ business trust ☐ limited partnership, to be formed	PROCESSEL OCT 3 0 2006			
Month Year Actual or Estimated Date of Incorporation or Organization: O 9 O 2 Actual Estin Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State CN for Canada; FN for other foreign jurisdiction)	nated THOMSON			

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

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A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Promoter Beneficial Owner DE Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Smith, Kenneth F. Business or Residence Address (Number and Street, City, State, Zip Code) 3535 Peachtree Road, Ste 520-256, Atlanta, GA 30326-3287 Check Box(es) that Apply: Promoter ☐ Beneficial Owner ☐ Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) KS Capital Management, LLC Business or Residence Address (Number and Street, City, State, Zip Code) 3535 Peachtree Road, Ste 520-256, Atlanta, GA 30326-3287 Beneficial Owner Executive Officer Director Check Box(es) that Apply: Promoter General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Beneficial Owner Executive Officer Director Check Box(es) that Apply: Promoter General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) ☐ Beneficial Owner ☐ Executive Officer ☐ Director Check Box(es) that Apply: Promoter General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

					B. I	NFORMATI	ON ABOU	T OFFERI	NG	<u> </u>			
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1.	rias the	issuer soid	d, or does tl			ii, to non-a Appendix,							×
2.	What is	the minim	num investn					•				s 250	, 000.00 *
	*Subject to Waiver									Yes	No		
3.			permit join									×	
4.	If a pers or states a broke	sion or sim on to be lis s, list the na r or dealer	tion request illar remune sted is an ass ame of the b , you may s	eration for s sociated pe proker or de set forth the	olicitation rson or age aler. If mo	of purchase int of a brok ore than five	ers in conne er or deale e (5) persor	ection with r registered is to be list	sales of sec I with the S ed are asso	curities in the EC and/or	ne offering. with a state		- 1-10
Ful	l Name (Last name	first, if ind	ividual)									
Bus	siness or	Residence	Address (N	lumber and	Street, Ci	ty, State, Z	ip Code)						
Nar	me of Ass	sociated Bi	roker or De	aler							_		
Sta	tes in Wh	ich Persor	Listed Has	s Solicited	or Intends	to Solicit I	Purchasers					•	
	(Check	"All States	s" or check	individual	States)	******************************	•	**********	***************************************	•••••			States
	AL IL MT RI	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	LA NM UT	ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN ÖK WI	MS OR WY	ID MO PA PR
Ful	l Name (Last name	first, if ind	ividual)									
Bus	siness or	Residence	Address (1	Number an	d Street, C	ity, State, 2	Zip Code)	==		<u> </u>	<u> </u>		 -
Nai	me of Ass	sociated Bi	roker or De	aler			***************************************		····				
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Ful	l Name (Last name	first, if ind	ividual)									
Bus	siness or	Residence	Address (1	Number an	d Street, C	ity, State, 2	Zip Code)						
Nar	me of Ass	sociated Bi	roker or De	aler									.
Stat	tes in Wh	ich Persor	Listed Has	s Solicited	or Intends	to Solicit	Purchasers				<u>. </u>		
	(Check	"All States	s" or check	individual	States)					***************************************		☐ Ai	l States
	IL MT RI	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	ID MO PA PR

	Enter the difference between the aggregate offer nd total expenses furnished in response to Part C—roceeds to the issuer."		SS	\$ 99,915,000.00				
i. I: e c	Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C — Question 4.b above.							
			Payments to Officers, Directors, & Affiliates	Payments to Others				
S	alaries and fees		🗾 \$*	\$ 0.00				
P	urchase of real estate		🔲 \$0.00	<u> </u>				
	urchase, rental or leasing and installation of mac		□	\$ 0.00				
	Construction or leasing of plant buildings and fac							
	equisition of other businesses (including the val		\$					
0	ffering that may be used in exchange for the assossuer pursuant to a merger)	ets or securities of another	□\$ 0.00	\$ 0.00				
R	epayment of indebtedness	🔀 💲 18,000.00*	\$ 0.00					
V	Vorking capital (Securities Portfolio In	s 0.00	[7] \$ 99,830,000					
C	Other (specify):		s					
-			\$_0.00					
C	Column Totals		🗹 \$ <u>18,000.00</u> *	Z \$ <u>99,830,000</u>				
Т	otal Payments Listed (column totals added)		Z \$ <u>99</u>	9,915,00 . 00				
		D. FEDERAL SIGNATURE	5.7 2.6	1 1 1				
ignat he in	suer has duly caused this notice to be signed by the ure constitutes an undertaking by the issuer to fur formation furnished by the issuer to any non-acc	undersigned duly authorized person. If this not	nission, upon writte	tle 505, the following on request of its staff,				
ssuer	(Print or Type)	Signature	Date					
Fun	damental Research Appreciation Fund, L.P.	Kull. H	10/6/0	<i>d b</i>				
lame	of Signer (Print or Type)	Title of Signer (Print or Type)	,					
	Kenneth F. Smith	Manager of General Partner						
0.3 to	e general partner and its assignees wi 3125% of partner capital account balan 20% of realized and unrealized limite 1 reimburse the General Partner up to penses.	ces and an annual incentive profit a d partner capital account appreciati	allocation of u ion. The Issue	p				

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— ATTENTION ----

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)